PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



			or J	Fax	(703) 746-4000			
INSTRUCTIONS: This fappropriate. All further coindicated unless corrected maintenance fee notification	orm should be used for transcrespondence including the below or directed otherwise ons.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and lers and noti) specifying a	PUBLIC fication a new c	CATION FEE (if requoted for the contract of th	uired). Blocks I through 5 will be mailed to the curres; and/or (b) indicating a se	should be completed ent correspondence add eparate "FEE ADDRES	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for 7590 08/25/2004		any change of address) PE			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much ave its own certificate of mailing or transmission.			
Wang, Tai Kuan PO Box 82-144 Taipei, TAIWAN 15/2004 NNGUYEN2 000		HOV	1 2 2004	<i>;</i>	I hereby certify that the States Postal Service addressed to the Matransmitted to the US	ertificate of Mailing or Transmittal is be with sufficient postage for all Stop ISSUE FEE address (703) 746-4000, on the	eing deposited with the first class mail in an er ess above, or being fa	
FC:2501	685.00 OP		& IHA		WANG, Ta		Exag (S	
FC:1504	300.00 OP				Nov. 1/	, 2004		
APPLICATION NO.	FILING DATE		FIRST NAMEI	D INVEN	TOR	ATTORNEY DOCKET NO	CONFIRMATION	
10/665,068 09/22/2003		Tai Kuang Wang			;	FP9799	6093	
APPLN. TYPE nonprovisional			ISSUE FEE \$665		\$300	TOTAL FEE(S) DUE \$965	1 I /26/2004	
nonprovisional	YES	\$665			\$300	\$965 	11/26/2004	
EXAMINER		ART UNIT		C	LASS-SUBCLASS	J		
IZAGUIR	RE, ISMAEL	3765			112-475180			
 Change of correspondence address or indication of "Fee AdCFR 1.363). Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Number is required. 		Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	BE PRINTED ON T	THE PATENT	Γ (print	or type)		· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identified b in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on for filin	the patent. If an assig g an assignment.	nee is identified below, th	e document has been f	
(A) NAME OF ASSIG	NEE	(E	3) RESIDENC	CE: (CIT	Y and STATE OR CO	OUNTRY)		
		`	,	•		ŕ		
Please shock the approprie	te assignee category or catego	ories (will not be pr	inted on the n	natant) :	☐ Individual ☐ (Corporation or other private	group entity Gove	
4a. The following fee(s) ar			o. Payment of		- marvidaar - C	corporation of other private	group onerty — cove	
Issue Fee			`	` '	mount of the fee(s) is e	enclosed.		
	small entity discount permitt	ed)	- 		it card. Form PTO-203			
Advance Order - #	· · · · · · · · · · · · · · · · · · ·		The Direction Deposit Acc	ector is count Nu	hereby authorized by imber	charge the required fee(s), (enclose an ext	or credit any overpayr ra copy of this form).	
5. Change in Entity Statu	is (from status indicated abov	e)						

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Date _____

Registration No. Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).